

SEQUATCHIE VALLEY HEAD START EXIT INFORMATION

Use this form for all regular employees. The section of the form related to performance evaluation is optional for introductory probation term employees. Note if interview is not practical and information is gathered by phone or other (note detail):

Employee's Name: _____

Date of Termination: _____

Position: _____

Employment Date: _____

Location: _____

Name of Immediate Supervisor: _____

Did Employee Accept other Employment? _____ YES _____ NO

Does Authorization of Disclosure remain in effect? _____ YES _____ NO _____ Unknown (Form review required)

Employee's Reason(s) for leaving

- Left Area () Disliked Supervisors () Location ()
Pay () Accept New Employment () Nature of Work ()
Return to School () Pregnancy/Health ()

Other (Explain in Detail) _____

In your opinion, what was the primary reason the employee resigned? (Be specific) _____

Employee's suggestions or opinions about the program, job, work conditions, supervisor, pay, etc:

Brief summary of last performance evaluation and name of person completing form: _____

Remarks and observations of interviewer (would you recommend rehiring?): _____

Signature of Interviewer: _____ Date: _____

Advise Employee: If you are participating in the Agency health insurance program, additional information about COBRA will be provided through the Pikeville office. If you have been covered under the Agency's term life insurance program, the benefits will end the last day of the month the final paycheck is processed. If you are a participant in the deferred compensation program, you must make plans related to your account within 60 days of the final check. Contact the Pikeville office for details and note that continued participation in the deferred comp may be available if you status is changed to part-time rather than terminated.